

**WASHINGTON SUBURBAN SANITARY COMMISSION  
SUBCONTRACTING AND SUPPLIER CERTIFICATION FORM  
FOR ALL CONTRACTING AREAS**

The undersigned certify that they shall enter into an Agreement to provide services to the Washington Suburban Sanitary Commission. **In addition, by their signatures below, the undersigned hereby agree that they shall permit the Washington Suburban Sanitary Commission to conduct audits of the undersigned in accordance with Chapter 6.15.450 of WSSC's Procurement Regulations.**

Solicitation/Contract No.: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contract Value: \$ \_\_\_\_\_ Federally Funded Contract: \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Please check the appropriate business classifications for the **Prime Contractor/Consultant (check all that apply)**:

- Certified Minority Business Enterprise Firm       WSSC Approved Small Local Business Enterprise Firm
- African American       Hispanic American       Asian American       Native American       Female/Women-Owned/WBE
- Majority, Non-Designated

2. Please check the appropriate business classifications for the **Subcontractor/Sub-consultant/Supplier (check all that apply)**:

- Certified Minority Business Enterprise Firm       WSSC Approved Small Local Business Enterprise Firm
- African American       Hispanic American       Asian American       Native American       Female/Women-Owned/WBE
- Majority, Non-Designated

MBE Certifying Agency Name \_\_\_\_\_ and Certification No. \_\_\_\_\_

Name and Address of **Prime Contractor/Consultant**

Name and Address of **MAJORITY/MBE/SLBE Subcontractor/Sub-consultant/Supplier:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Value of Subcontracted or Supplier Services/Commodities:

\$ \_\_\_\_\_

Percentage of Contract Value:

\_\_\_\_\_ %

**CERTIFICATION: We certify that we shall enter into a valid Agreement to perform the work as described for the percentage of Total Price above.**

\_\_\_\_\_  
Prime Contractor/Consultant (Authorized Signature in ink)

\_\_\_\_\_  
Subcontractor/Sub-consultant (Authorized Signature in ink)

\_\_\_\_\_  
Title & Date of Person Signing

\_\_\_\_\_  
Title & Date of Person Signing

\_\_\_\_\_  
Witness/Attest

\_\_\_\_\_  
Witness/Attest

\_\_\_\_\_  
Signature/Title of Person

\_\_\_\_\_  
Signature/Title of Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

The two (2) Authorized Signatures on this form must be signed in ink. Photocopies are not acceptable.

